

PROVINCE OF PRINCE EDWARD ISLAND

**DEPARTMENT
OF
HEALTH AND SOCIAL SERVICES**

EIGHTH ANNUAL REPORT

1987 - 1988

Honourable Keith Milligan, Minister

EIGHTH ANNUAL REPORT
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Province of Prince Edward Island
01 April 1987 to 31 March 1988

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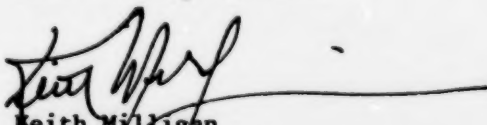
Charlottetown
Prince Edward Island
March 31, 1988

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

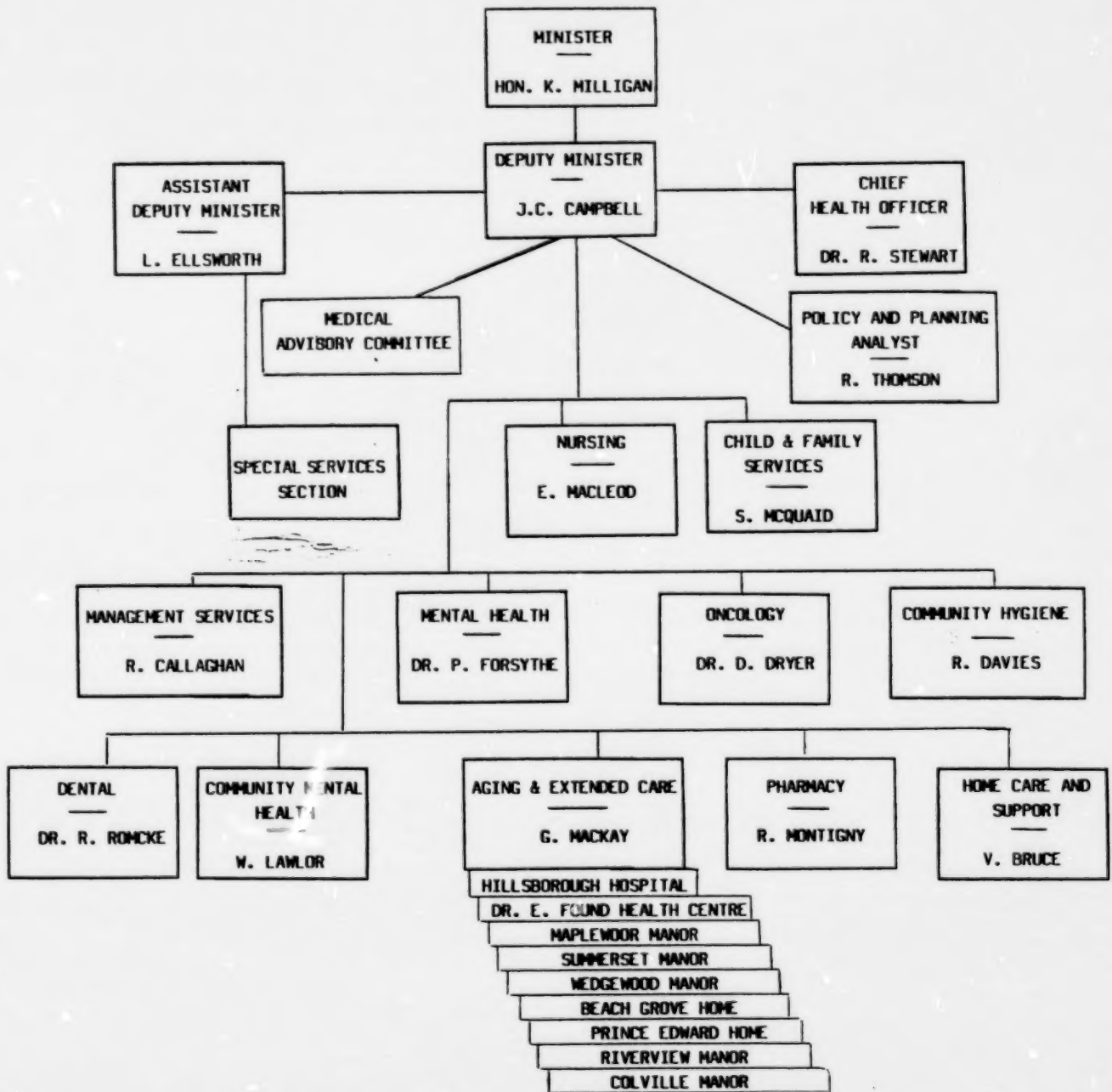
I beg to submit, herewith, for your consideration the eighth annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1988.

I have the honour to be,
Sir,
Your obedient servant,


Keith Milligan
Minister of Health and Social Services

GENERAL ORGANIZATION

P.E.I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES



LEGISLATION FOR WHICH THE MINISTER
OF HEALTH AND SOCIAL SERVICES IS RESPONSIBLE

1. Addiction Services Act
2. Adoption Act
3. Adult Protection Act
4. Change of Name Act
5. Child Care Facilities Act
6. Chiropractic Act
7. Community Care Facilities and Nursing Home Act
8. Cornea Transplant Act
9. Dental Profession Act
10. Dispensing Opticians Act
11. Drug Cost Assistance Act
12. Family and Child Services Act
13. Health Services Payment Act
14. Hillsborough Hospital Act
15. Hospital and Diagnostic Services Insurance Act
16. Hospital and Health Services Commission Act
17. Hospitals Act
18. Human Tissue Gift Act
19. Licensed Nursing Assistants Act
20. Marriage Act
21. Medical Act
22. Mental Health Act
23. Nurses Act
24. Optometry Act
25. Pharmacy Act
26. Physiotherapy Act
27. Premarital Health Examination Act
28. Provincial Sanatorium Act
29. Public Health Act
30. Queen Elizabeth Hospital (Amalgamation Act)
31. Registered Occupational Therapists Act
32. Rehabilitation of Disabled Persons Act
33. Social Work Act
34. Vital Statistics Act
35. Welfare Assistance Act
36. White Cane Act

Note: There are several other statutes which relate to the Health and Social Services Ministry that do not appear in the Provinces' official consolidation. These include:

- ° Dietetic Association Act
- ° Dental Technicians Act
- ° Funeral Directors and Embalmers Act

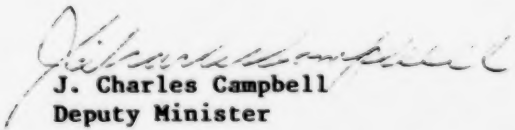
Charlottetown
Prince Edward Island
March 31, 1988

Honourable Keith Milligan
Minister
Department of Health and Social Services
P. O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the eighth annual report
for the Department of Health and Social Services for the period
April 1, 1987, to March 31, 1988.

Respectfully submitted,


J. Charles Campbell
Deputy Minister

DIVISION OF DENTAL PUBLIC HEALTH

R.G. Romcke, DD.S., D.D.S., D.D.P.H., F.R.C.D.(C), Director

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program and the Preventive Orthodontic Program.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the Province. Dental clinics are also operated at the Summerside Health Centre and the St. Jeans Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in Tignish, O'Leary, Crapaud, Abrams Village, Morell, Souris, Montague and Murray River.

During the past year children aged 13-16 have been brought back into the program. Many of these children required and received large amounts of dental treatment and are now in good dental health.

Further improvements in the dental health of children were achieved during the past year with lower average treatment needs, and with more children having dental caries-free permanent teeth. These improvements are due, in part, to the successful use of fissure sealants in preventing dental disease.

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the Province. The program now covers all children aged 4-16 years.

The Program provides dental health education, preventive services and dental treatment in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of seventeen centres throughout the Province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in kindergartens and to youth and other groups. During the year Division staff visited day care centres and elementary schools and participated in a variety of health promotional activities.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the Province. Preventive services include cleaning of teeth, the topical application of fluoride and fissure sealants. In 1987-88 a total of 19,815 children received preventive services at seventeen centres.

Dental treatment is provided in Department clinics and by private dentists in various centres throughout the Province. During 1987-88 a total of 19,624 children received dental treatment. Of this number, 12,653 were treated by private dentists while 6,971 were treated in Department of Health and Social Services Clinics.

Fissure Sealants

Fissure sealants are plastic films which are used to cover the fissures and grooves of the biting surfaces of teeth and thereby preventing dental caries and the resulting need for restorations on these surfaces.

A demonstration project to assess the long-term effectiveness of fissure sealants has been in operation for the past nine years with favorable results.

Fissure sealants are being gradually introduced and are now available to nearly all children.

Progress Toward Objective

In 1971, when the Program commenced, the dental health of children in the Province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children.

At present nearly all children in the Province have good dental health. Approximately 90% of children are receiving dental preventive and treatment services on a regular basis; the extraction of teeth as a result of dental caries is a rare occurrence, and children require an average of just over one dental restoration each year.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Program. The objectives of the Program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

The Program provides services to nearly one-third of all children at one time or another. Each year approximately 500 are referred to the clinic by private dentists and clinic dentists.

During 1987-88 a total of 1,436 children attended the preventive orthodontic clinic. Of this number, 352 children were treated with orthodontic appliances.

Geriatric Dental Pilot Program in Government Nursing Homes

During the year a beginning was made to address the dental needs of senior citizens residing in government nursing homes. With the assistance of Dr. Gary Jackson of Dalhousie University a two part program has been developed. The first part consists of an oral examination and a simple dental treatment to relieve pain and infection and to improve comfort where this is possible. Senior nursing staff have been given in-service training in monitoring oral health and carry out periodic oral inspections. The second part consists of ensuring that daily mouth care is received by all residents with whatever level of assistance is required. In-service training in mouth care is presented to all nursing staff to provide the knowledge and skills to deliver this service.

The pilot program has been implemented in three nursing homes. A total of 315 residents were examined, and dental treatment was provided or arranged for those requiring it. Thirteen mouth care workshops were presented to 340 nursing staff, home care nurses, nursing school directors and teachers, and other interested persons.

Dr. Jackson spent two weeks in the Province training dental division staff and nursing staff. Three public health dentists and five dental hygienists participated in the pilot program. Most of the dental treatment was provided in private dental offices.

Implementation in all other government nursing homes is scheduled to be completed by the end of June 1988.

Dental Manpower

The Province has an adequate supply of dentists who are well distributed throughout the Province. There is also an adequate supply of dental hygienists and dental assistants in all areas of the Province. Present indications are that a surplus of dentists will develop in the very near future.

	<u>Number of Children</u>	
	<u>1986-87</u>	<u>1987-88</u>
<u>SUMMARY OF PREVENTIVE SERVICES</u>		
Total of 17 centres	14,089	19,815
<u>SUMMARY OF FISSURE SEALANT SERVICES</u> <u>CHILDREN 12-14 YEARS</u>		
Number of children	1,901	1,494
<u>SUMMARY OF TREATMENT SERVICES</u>		
Public health clinics	6,136	6,971
Private dentists	<u>10,469</u>	<u>12,653</u>
	16,605	19,624
<u>PREVENTIVE ORTHODONTIC CLINIC</u>		
Children attending	1,586	1,436
Children treated with appliances	342	352
New children assessed	505	498
Children completed	685	642

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, B.Sc., CPHI(C), Director

Purpose

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection standards.

With this objective, the Division of Community Hygiene has defined all its inspection programs under eight distinct categories; Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation and Radiation Protection Services.

Food Protection Program

This includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises. Consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and food-service sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected foodpoisoning incidents.

Type of Inspection	1986/87	1987/88	% Increase (Decrease)
Manufacturing			
Retail Grocery Stores	220	225	2%
Slaughterhouses	120	100	(20%)
Consumer			
Eating Establishments	2,010	1,747	(13%)
Swab samples	170	100	(41%)
Licensed Premises	250	201	(20%)
Swab Samples	100	50	(50%)
Total Inspections	2,870	2,423	

Occupational Health Program

Occupational Health problems are referred to the Division by employees of business and government, for investigation. The Division works in close operation with Medical Services, Health Protection Branch of Health and Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1986-87	1987-88	% Increase (Decrease)
Total Inspections	28	45	60%

The type of problems investigated in the Occupational Health Analysis Program were - testing for levels of various gases; indoor air quality; analysis for various fibre content; and checking ventilation systems within buildings.

Recreational/Institutional Program

Types of Inspections	1986-87	1987-88	% Increase (Decrease)
Child Care Facilities	200	180	(10%)
Schools	30	30	---
Nursing Homes	38	20	(47%)
Institutions/Hospitals	35	30	(14%)
Swimming Pools/Saunas	61	20	(67%)
Total Inspections	364	280	

Accommodations Program

This includes investigating rental accommodation complaints in apartments, rooming houses, summer trailer courts, tenting and campgrounds and tourist facilities.

Types of Inspections	1986-87	1987-88	% Increase (Decrease)
<u>Permanent</u>			
Apartments, Rooming Houses	80	49	(39%)

Rental Accommodation Inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

Temporary

Temporary Establishments Hotels, Motels, Cottages, and Campgrounds	1,690	1,300	(23%)
Total Inspections	1,770	1,349	

Environmental Health Program

The Division receives inquiries and complaints concerning environmental health problems. These complaints include rodents and insects, pesticides, air pollution, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals.

Type of Inspection	1986/87	1987/88	% Increase (Decrease)
Complaints	262	203	(22%)
Inquiries	165	234	42%
Total Inspections	417	437	

Complaints referred by the general public are as follows: ponding of septic tank effluent; dead animal removal requests; insect control and identification; investigation of fish offal; and unsanitary washroom conditions.

Inquiries received are requests for speakers at Education Course; inquiries about best before dates on food products; food spoilage due to malfunctioning freezers; sale of bottled water; and inspection of restaurants handling sea-food to see that they comply with the Fisheries Regulations.

Education Program

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and employees of the various facilities are taught proper foodservice sanitation procedures.

Eleven National Sanitation Training Programs were conducted for 155 people. This brings to 1,907 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division include Licensed Nursing Assistants, and Dietitians at the Queen Elizabeth Hospital.

Radiation Protection Service

The Province has enacted the Radiation Safety Regulations which covers both ionizing and non-ionizing radiation. At the present time, a New Brunswick Radiation Safety Officer is conducting inspections of this Province's hospitals to assure that radiation equipment meets the requirements of the Radiation Safety Regulations.

Health Orders

The Division did not serve any Health Orders during this fiscal year. Health Orders are issued only in the severest of circumstances where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

COMMUNITY MENTAL HEALTH SERVICES

William Lawlor, M.S.W., Director

Community Mental Health Services provides a broad range of community-based mental health services to individuals, families, groups and communities. The program provides services in the areas of primary prevention, early intervention and treatment of mental health problems, as well as development and provision of support services to those suffering from long term mental illness.

Programs and Services

Services are provided on a regional basis with mental health teams established in each county. Individuals, families, professionals and community agencies were offered a wide range of professional mental health services including assessment, consultation, direct treatment and prevention education services. This was achieved through a variety of modalities including individual, marital, family and group treatment approaches, as well as the provision of seminars and workshops to professionals and agencies, and to the general public. Each team is established on a multidisciplinary basis with professionals from the disciplines of psychiatry, social work, psychology, nursing and occupational therapy.

The McGill Day Treatment Unit continues to operate as a regular day treatment facility in addition to administering medications in the After Care Program. After care services are also available within each county provided through the teams with outreach services to Alberton and Souris.

Community Mental Health Teams

There was an increase in demand for services throughout the Island with a 9.5 percent increase in the number of cases served and 1,889 more sessions offered to individuals and families than in the previous year. In addition to the demand for more services, the number of cases demonstrating with severe problems is rising and the pressure for more specialized services for particular populations, especially children and adolescents, is steadily increasing.

Presenting Problems and Referral Sources

Depression remains the main presenting problem followed by family dysfunction and anxiety disorders.

Community Mental Health Services received referrals from a total of 13 sources. The major referral sources are as follows:

Medical/Psychiatric	38%
Self	24%
Family or Significant Other	11%
Child and Family Services	9%

Direct Service Statistics

Cases Receiving Services	2,392 (2,185 in 1986-87)
Number of New Cases	1,128 (1,004 in 1986-87)
Number of Therapy Sessions	13,187 (11,385 in 1986-87)

Consultation Services

Community Mental Health staff contributed 1,114 consultation hours during 1987-88. This service is provided to agencies and professionals within the community such as Child and Family Services, physicians, the justice system and schools.

Preventative/Education Services

Preventative/Education services were provided to agencies, groups and the community-at-large throughout the year. There were a total of 102 sessions provided to approximately 2,788 people. There were 47 sessions provided to professional groups and agencies, 26 sessions targeted to high-risk groups, 19 sessions directed toward specific groups, and 10 sessions available for the general public. A few of the topics included depression and suicide, teenage suicide, child development, stress management, child abuse, dealing with death, wife abuse and parenting. Some of the groups presented to included young offenders, job re-entry candidates, parents' groups, hospital staff, Hospice volunteers, Cardiac After Care, Addiction Services, Headstart, students, as well as other divisions within Health and Social Services.

McGill Day Treatment Unit

The McGill day treatment program provides a psychoeducational group-oriented program on a four-day a week basis to persons who require more than outpatient service but do not need 24-hour care. In the last year, the program was restructured to provide more of an educational skills-related program. One hundred patients attended during the year providing 2,189 patient-day attendance.

After Care Program

The after care program provides formerly hospitalized patients with a follow-up service through assessment and consultation as well as the administering of an injectable long-acting medication. The program is provided in Charlottetown, Summerside and Montague with outreach to Souris and West Prince. Within the last year, the program continued its review and implemented several changes to improve patient care. The program provided 3,027 injections to 225 patients.

PHARMACY SERVICES DIVISION

L. Roger Montigny, B.Sc.(Phar.), R.P.E.B.C., Ph.C., Director

The Division of Pharmacy Services provides a correlation of pharmacy Services in relation to established programs. The organizational objectives of the Division are to provide professional services with optimum benefit in a cost effective manner.

The Provincial Pharmacy dispenses oral medications, diagnostics and administers the Insulin Program to 3,100 Diabetics, provides prophylactic medications to 37 Rheumatic Fever clients, subsidizes psychotherapeutic medications prescribed by psychiatrists to 900 Mental Health clients, covers full cost of a wide range of prescription and non-prescription pharmaceutical products to 8,700 Social Assistance Clients, provides Lofenalac (milk substitute) to four clients under the Phenylketonuria Program, procures all vaccines for the Immunization Programs provided by the Division of Nursing Services to all Island children. The Provincial Pharmacy also lends its services to various other drug-related programs such as the Cystic Fibrosis Program, the Cyclosporin Program, and the Human Growth Program. Through staff professionalism services of drug consultation are provided to clients, monitoring of client medication and drug quality control maintained.

The Division has further expanded its controlled drug distribution service to institutions and manors. The system effectively promotes safety and accountability in the issuing of medications in nursing homes.

Consultations in an advisory capacity are provided by the Institutional Pharmacist to the staff of institutions and manors on all drug-related issues while drug therapy monitoring has been initiated on a selective basis.

The objective of the Drug Cost Assistance Plan, a plan to provide financial assistance to Island Seniors for drug costs introduced in January, 1987, has been realized with a 75 percent registration and anticipated utilization. Management of the Plan is the responsibility of the Division and the day-to-day administration is carried out by Island Computer Limited.

POLICY AND PLANNING UNIT

Rob Thomson, Director

This is a small central group of researcher-planning analysts who help the Department's executive and its operating divisions with information brokerage, computerized information system development, program planning and evaluation, policy analysis and development, legislative matters, and miscellaneous work.

Information Brokerage

Briefing notes were provided for various meetings and conferences. Statistics were compiled and interpreted on matters such as poverty, employment, family structure, and health-care costs. Responses were prepared to a dozen surveys and requests for updating of directories. Descriptive inventories were made of policies and programs benefitting youth, of those used by natives, of all health-benefit programs, of all types of long-term care, of professional licensing fees, and of the various councils and boards connected with the Department.

There was quite a bit of information exchange regarding child care, since this was a major federal activity this year. Publicity, including a series of regional information meetings, was carried out for the seniors' drug plan. A digest was made of all presentations to the Welfare Assistance Review Committee.

Many inquiries were handled, on subjects such as organ donation and burials, elder abuse and midwifery, CAP and AIDS, naturopathy, homeopathy and chiroprody.

Computerized Information System Development

A major project was the feasibility study and then the concept report for a child health record system in Nursing. Registries were created for the licensing of child care facilities and for the certification of staff. A review was carried out on the Home Care and Support system, and occasional adjustments were made to it, and also to the Oncology and Job Creation systems.

There were special programming tasks in order to retrieve information to answer particular questions. Training and consultant support were provided to a number of staff, and there was research and advice on equipment acquisitions. A scheme for departmental computer plans was critiqued for Computer Services, and work began on renewing this Department's own master plan. A format was written which divisions can use to request projects.

The information systems specialist took a temporary assignment to a three-month project for the Hospital and Health Services commission, preparing for overhaul of its physician service payment system.

Program Planning and Evaluation

Implementation plans were prepared for the new licensing legislation governing both nursing homes and child care facilities, and there was occasional follow-through on implementation of the seniors' drug plan. A sliding fee scale was devised for Family Support services for the physically disabled. C.A.P. sharing was assessed in regard to the day care subsidy, Sherwood Home and a victims-of-crime program. There was review of a technical study for a national disability income insurance plan.

An examination was done of conversion to the unidose system of pharmacy supply to nursing homes and its delivery by retail. The prospects were considered of a community college course to train pharmacy assistants. Some criticisms from the clergy prompted reconsideration of legal requirements and procedures for issuing marriage licenses. A formal evaluation was conducted of the Community Response program provided by Red Cross for Home Care and Support.

Policy Analysis and Development

A P.E.I. presentation was prepared for the Senate Committee on Bill C-22 regarding drug patenting. There was a study of policies for provincial drug-benefit programs and the proposal of a new strategic approach. Another proposal set out criteria for granting self-regulatory legislation to any profession, and a model outlined a typical tribunal-disciplinary process to be used in governing professionals or licensed institutions. Advice was given on principles regarding earnings exemptions in welfare assistance. Mandatory reporting of gunshot and knife wounds was considered.

Legislative Matters

Follow-through work was done for the enactments of the 1987 session, and the proposals were prepared for the 1988 legislation.

Five bills were developed and carried through to enactment in 1988. There were minor amendments (concerning abuse reporting and terminating a divestment) to the Family and Child Services Act, and significant amendment of the Premarital Health Examination Act to permit it to apply to diseases other than syphilis but also to allow its requirements to be disengaged except when necessary. A Social Work Act and an Adult Protection Act - both introduced last year - were reviewed and modified, and there was a new Physiotherapy Act.

Basic work began on overhaul of Adoption and Change of Name Acts. A privately proposed Prosthetists and Orthotists bill was analyzed.

Adjustments were made to Notifiable and Communicable Diseases, Licensed Nursing Assistants and Dispensing Opticians regulations. Proposed blood-test regulations (Child Status Act) were critiqued, and preliminary drafting was done for L.N.A. standards and discipline rules. Nursing Home regulations were finalized and enacted, as were two sets of Pharmacy regulation - Standards and Physician Dispensary.

Miscellaneous Work

Staff served as members of several departmental committees and also provincial regulatory bodies - for Physiotherapy, Dispensing Opticians, Pharmacy and Child Care Facilities. A consulting job was done for the World Health Organization on the future of a quarter-billion-dollar sciences complex in Trinidad.

The Policy and Planning Unit was disestablished on January 19, 1988 as part of a minor reorganization of departmental headquarters.

DIVISION OF NURSING

Ella B. MacLeod, M.S. Director

Purpose

To serve as the vehicle within the department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To provide health-related services that are equally accessible to all Islanders; services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy life-styles.

The Division of Nursing accomplishes its objectives through a decentralized service in Tignish, O'Leary, Summerside, Kensington, Charlottetown with three locations, Montague and Souris.

The Programs are Public Health which includes maternal and child health, school and pre-school health, communicable disease control, health supervision and illness prevention; Health Education; Diabetes Education; and Family Life Education.

The Division of Nursing staff consists of a director, 4 public health supervisors, 3 coordinators, 16 full-time and 8 part-time nurses, one nutritionist, 6 full-time and 6 part-time clerical staff.

Public Health Programs

Maternal and Child Health

The **OBJECTIVES** of this program are to promote the health of mothers throughout their pregnancy, foster and growth of the infant, and help parents develop skills in parenting. A Parent-Child Committee meets regularly to review the programs and make recommendations for change. This year the pre-natal classes were revamped, new films and materials purchased and a training session held for instructors.

Forty-two series of pre-natal classes were offered in six locations throughout the province to 398 mothers and 377 fathers. In addition, there were 221 individual or group counselling sessions. Nurses made 280 visits to pregnant women in the home offering help and counselling and saw 282 in the health unit.

All mothers were visited in the maternity ward to assess their needs and plan for a follow-up visit at home. There were 1,985 post-partum, plus an additional 2,352 visits during first year of life, made to the home. There were an additional 2,106 telephone responses. Mothers were helped with care, the baby assessed, and plans were made with the mother for attending the Child Health clinics. Visits included the 69 children born with a congenital anomaly.

The **Provincial Reproductive Care Program**, a joint project of the PEI Medical Society and the Department, referred 188 high risk and primip mothers to the public health nurse for assessment and intervention. A smoking cessation program for pregnant women was developed and two mothers enrolled.

A total of 367 Child Health clinics were held at 18 locations. Four held weekly and others monthly. Approximately 1,861 infants were assessed and/or immunized at the two, four, and six month old clinics; 1,714 toddlers were assessed and given M.M.R. at the clinic for those of 15 months; and a further 2,481 children attended clinics at 18 months or at other ages up to age 4. There was a total of 10,655 scheduled visits and 144 children identified as having a health problem and referred.

At 3 1/2 years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 368 clinics at six locations attended by 1,337 children with 202 referrals.

Pre-school entry clinics were organized at six locations. 2,177 children were assessed and/or immunized with 200 referred for health problems.

Nurses made 943 visits to the home and saw 116 pre-school children in the health unit assisting mothers with problems associated with their children.

School and Pre-school Health Program

The **OBJECTIVES** of the school program are to provide a knowledge of health, encourage healthy life-style practices and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were 64 schools and 24 kindergartens and day cares visited on a regular basis. Screening of children for various health problems included:

	<u>School</u>	<u>Kindergarten</u>
General Health Inspection	14,013	1,324
Number of children identified with a nuisance disease	572	39
Vision Screening	5,073	
Referred	801	
Hearing Tested	1,481	
Referred	194	
Scoliosis Screening	134	
Referred	9	

There were 544 visits to the home for follow-up care and 216 children assessed in the health unit.

Nurses spent 165 hours giving 116 health education talks to 5,248 students and 115 hours in counselling 273 individuals about a health problem.

Communicable Disease Control

Immunization - There were approximately 7,007 infants and preschool children, 2,416 school children and 277 adults given 16,630 vaccines.

Rubella Control - Approximately 3,800 pre-marital and pre-natal women had blood titres to determine immunity to rubella. Sixty-five women (19 pre-natal and 46 pre-marital) were found to be non-immune and were offered vaccine.

Two hundred and forty grade 5 girls were given rubella vaccine. The universal coverage was discontinued following the results of the 1986 survey which indicated a 95 percent immunity rate among girls. This is a result of the comprehensive M.M.R. program begun in 1977.

Sexually Transmitted Diseases - There were 33 cases of gonorrhea and two positive serology for syphilis and 109 for chlamydia.

Salmonella and Other Bowel Infestations - There were 84 primary cases and 26 positive contacts of Salmonella identified and placed under surveillance, and follow-ups made of 132 contacts. There were 100 cases of campylobacter and follow-up of 211 contacts.

Tuberculosis - There was one positive case reported and four inactive.

In total, nurses provided health teaching for 262 persons in the home and 261 persons in the health unit who had or were in contact with a communicable disease.

Health Supervision and Illness Prevention

Forty-seven Senior Citizen's Homes were visited on a regular basis with seven organized programs covering foot care, blood pressure check and nutrition counselling and health education.

There were 2,054 adults and seniors visited in the home and 244 seen in the health unit for health supervision of an existing health condition.

The public health nurses gave 124 health related talks to an attendance of 2,628 participants.

Diabetes Education

Established in 1973, the Centre operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students. A new program, The Glucometer 'm' Project was introduced this year. It involved obtaining two computers and nine glucose meters. These are loaned out to diabetics for home monitoring.

	<u>Charlottetown</u>	<u>Summerside</u>	<u>Total</u>
Number of diabetics who attended courses	172	99	271
Number of family members, health professionals, students and others who attended courses	119	55	174
Number of courses	16	10	26
Number of special sessions for gestational diabetics	16	5	21
Number of follow-up visits	1,208	630	1,838
Number of professional up-dating sessions			19

Family Life Program

The **OBJECTIVES** of the Family Life Program are to promote an awareness, knowledge and comfort in communication in the realm of human sexuality; to provide education that promotes healthy sexuality throughout the lifecycle; and to help individuals take control of their sexual health and behavior.

The Program provides liaison with various members of the community including professionals, parents, youth and community groups; consultation and/or delivery of presentation geared to specific issues, ages or groups. The Program also provides a teen health information service and a multi-media resource centre.

Topics related to sexuality, sexual health and self-esteem were presented to nine community groups and included topics of:

Family Communication about Sexuality	Sexually Transmitted Disease
Sexuality and Self Esteem	Decision Making Regarding Sexuality
Normal Sexual Development/Sexual Response	Adolescent Pregnancy
Puberty Education	Sexuality and Disease/Disability
Conception/Contraception Education	Preventing Sexual Assault

This year Theatre P.E.I. played an integral part in the success of the **Annual Let's Talk Workshops** by developing sketches around the topic of AIDS.

The coordinator is a member of the committee of a maritime project that helps parents of mentally handicapped children deal more effectively with issues related to their child's sexuality.

The coordinator is a member of the Provincial Family Life Education Curriculum Committee and serves on the Junior High Sub-Committee.

Written material developed this year included the following:

Pamphlet for pubescent boys;
Articles for Common Ground on topics related to Family Life.
An instructor's guide and student handout on sexuality during pregnancy and postpartum.

Health Education Coordinator

The main responsibilities of the Health Education Coordinator are as follows:

- 1) To initiate, organize and participate in cooperation with other divisions, departments, official and voluntary agencies in health promotion activities.
- 2) To coordinate the Department's health education programs and other agencies throughout the Province.
- 3) To plan and organize inservice education programs in cooperation with nursing senior management.
- 4) To assist in implementation of National Health promotion programs.

Program activities of 1987 consisted of:

Coordination of Nobody's Perfect program, a parenting resource for parents of children from birth to age five;

- Development of directory of health organizations;
- Development of health campaign calendar;
- Planning, organization of "Spring Into Health" health fair for general public;
- Planning, organization of "Spring Fitness Festival," an employee life-style program;
- Development of Lifestyle Award, and award given to a volunteer who promotes healthy lifestyle;
- Development of "Born Free" a program designed to promote smoking cessation for pregnant women, as part of the P.E.I. Reproductive Care Program;
- Development of Public Service Announcements on Smoking;
- Planning, participation in the Crapaud Well Women's Clinic in November, designed to promote healthy lifestyle practices for women;
- Participation and assistance in organizing Summerside Family Life Conference;
- Coordination of "For the Health of It" newspaper column, a bi-weekly column on health issues;
- Representation on PEI Council on Smoking Health; National Committee to Reduce Tobacco Use; Blood Pressure Campaign - P.E.I. Division of Canadian Heart Foundation; and Civil Service Smoking Policy Committee.

Workshops/Inservice

- Organization of clerical inservice for Division of Nursing staff;
- Orientation of Dalhousie student nurses;
- Organization of Active Health Workshops - a federal/provincial exchange regarding the health promotion document "Achieving Health for All;"
- Organization of Reproductive Care Program inservice for PHN's.
- Organization of "Smoking During Pregnancy" inservice for PHN's.

Public Health Nurses

Twenty-one public health nurses organized and participated in six special projects for communities including: self-breast examination, parenting skills and cancer clinics. These were attended by over 1,200 individuals.

SPECIAL SERVICES SECTION

Lynn Ellsworth, Assistant Deputy Minister

The Department went through a minor reorganization in the 1987/88 fiscal year. Community Rehabilitation Services Division and the Policy and Planning Unit were reorganized into one Special Services Section reporting to the Assistant Deputy Minister.

The Special Services Section continues to be responsible for program planning, development, consultation and coordination of a number of departmental services: employment programs for welfare assistance recipients, services to the physically and mentally handicapped, vocational rehabilitation, speech therapy, early childhood development and day care, nutrition, and services to the long-term mentally ill. In addition to the above activities, the Special Services Section is responsible for the management of the Audiology Program, Day Care Inspections and Licensing Program, Milk Ticket Program, Foster Home Program for the Post Mentally Ill, Sherwood Home, Individual Residential Placement Program, and Queens County Residential Services. Special Services also purchases services from community agencies serving persons who are mentally ill, mentally handicapped or physically disabled. Services include sheltered workshops, residential, transportation and special counselling.

Of the new initiatives approved by government this year, the Special Services Section had responsibility for the development and implementation of the Employment Enhancement Program and the expansion of the Family Support Program to families of children with severe physical disabilities.

Special Services continued to supervise the federally funded pilot project, Providing Rural Outreach Vocational Experience (PROVE). PROVE continues to develop and field-test alternative non-sheltered vocational training and placement models for mentally handicapped adults.

Early Childhood Development and Day Care Services

Child care continued to be a prominent issue with the Department. In September, 1987, government issued "Guiding Principles for the Development of Child Care Services in P.E.I." This document outlines government's position with respect to major issues in child care, and provides a framework for future development.

A revised Child Care Facilities Act was proclaimed in September, 1987. The revised Act gives clearer definitions, provides for a simplified appeal process, outlines functions of the Child Care Facilities Board, and gives the Early Childhood Development Association legal status on the Board. Revisions to the Regulations to the Act were approved by Executive Council at the same time.

Government announced and implemented a Direct Funding Program for licensed child care centres in September, 1987. This program provided Maintenance Grants to day care centres, Flat Rate Grants to kindergartens, nursery schools, school age centres, and day care homes, and an Infant Incentive Grant for day care homes only.

Negotiations began with Health and Welfare Canada with respect to the Federal Government's proposed Child Care Strategy and Child Care Act.

The Department's Annual Early Childhood Series began in September, 1987. The Series held 28 workshops/seminars across the Island. The First Annual P.E.I. Kindergarten Conference was held in October, 1987.

The Coordinator for Early Childhood Services continued to provide consultation to individuals, groups, agencies, and other provincial governments.

As of March 31, 1988, there were 100 licensed early childhood centres in P.E.I., offering a total of 2,941 spaces.

Nutrition Services

The importance of adequate nutrition in supporting growth and development, maintaining health, and preventing the development of chronic disease is receiving increasing recognition in the Health Care of the 1980's.

Concern with supporting adequate growth and development of the fetus, infant and child continues to be the priority of Nutrition Services. Seven hundred and sixty-four (764) new cases received counselling during the year (Table 1). Ninety percent of these cases were counselled either for pregnancy or infant nutrition (Table 2). The 3.9 full-time equivalent regional nutritionists participated in 3,087 counselling sessions with clients.

Nutrition Services has continued to participate in the P.E.I. Reproductive Care Program. Physicians referred two hundred and forty-five (245) high risk pregnant women for counselling. This represents fifty-six (56) percent of the pregnant women counselled. Other referrals were made primarily by public health nurses and social service professionals.

The Nutrition Coordinator continued as a member of the Reproductive Care Program Committee and assisted with the revision of the P.E.I. Prenatal record. A Food Guide for Pregnancy was also introduced in the province and the prenatal nutrition class was revised. The National Guidelines on Prenatal Nutrition were introduced to P.E.I. health professionals.

The Milk Ticket Program for disadvantaged pregnant women provided 32,000 litres of milk to those with limited incomes. This program significantly increased milk consumption in this population.

Nutrition Services cooperated with McGill University in researching the combined effect of nutritional factors on infant birth weight, using data collected on P.E.I. pregnant women. Factors were identified which will contribute to the development of better screening procedures and thus increase the cost effectiveness of the P.E.I. program. Several research papers have been submitted to scientific journals for publication. This cooperative research effort will continue.

Nutritionists also conducted eighty-seven (87) group nutrition education sessions with an approximate attendance of 1,000 people. Nutrition consultations (1,400) were provided on a wide range of nutritional concerns.

Table 1 - Nutrition Counselling

Cases Opened In	<u>1985-86</u>	<u>1986-87</u>	<u>1987-88</u>
Region 1	139	160	149
Region 2	163	159	153
Region 3	215	261	281
Region 4	54	105	93
Region 5	48	65	89
Total	<u>619</u>	<u>750</u>	<u>765</u>

Table 2 - Reasons for Nutrition Counselling

Reason	<u>1985-86</u>		<u>1986-87</u>		<u>1987-88</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Pregnancy	296	48	400	53	440	58
Infant Nutrition	259	42	248	33	236	31
Obesity	18	3	30	4	26	3
General Nutrition	4	1	7	1	14	2
Other (Children-in-Care PKU, Therapeutic Diets)	42	7	65	9	46	6
	<u>619</u>		<u>750</u>		<u>762</u>	

Table 3 - Nutrition Education/Consultation - 1987-88

<u>Region</u>	<u>Number of Nutrition Education Sessions</u>	<u>Number of Persons Attending</u>	<u>Nutrition Consultation</u>
1	7	82	316
2	19	231	138
3	24	303	164
4	9	107	164
5	4	41	205
Regional Total	<u>63</u>	<u>764</u>	<u>987</u>
Central Office	24	200	350
Provincial Total	87	964	1,337

Speech-Language Pathology

Speech-Language Pathology Services continued to be provided by the Department through the five regional offices and the Queen Elizabeth Hospital. Ten Speech-Language Pathologists were employed during the year. Also during the year, 390 new assessments were completed with 3,878 therapy sessions held, with referrals Island wide being made for younger and "higher-risk" children.

The demand continued to grow in Region 3 during 1987-88, as it had during the previous years. Staff from neighboring regions again aided Region 3 in efforts to minimize the waiting lists for new assessments.

In addition, 1.5 positions were added to Region 3. The half-time position for in-patients at the Queen Elizabeth Hospital was expanded, and one full position added to the regional office.

In cooperation with the Benevolent and Protective Order of the Elks of Canada, the P.E.I. Speech and Hearing Association and the Department of Health and Social Services, a computer was purchased for the Speech-Language Pathology Program in Region 2.

Staff development continues to be a high priority. Some staff attended the annual convention of the Canadian Association of Speech Language Pathologists and Audiologists in Halifax in May; as well, a major conference on language and the learning disabled child was held for all Island staff.

Consultations provided the Speech-Language Pathologists to school personnel, preschool teachers, P.H.N. and parents and requests for workshops continue to expand. In addition, in-service training/workshops were presented to P.H.N., Sherwood Home and P.E.I. Association for Community Living.

Audiology

Audiology services were provided to Island residents from the central testing facility at the Queen Elizabeth Hospital and four (4) regional clinic sites held in Provincial Manors in Alberton, Summerside, Montague and Souris. During the 1987-88 fiscal year, scheduling of regional audiology clinics have been modified to reflect the changing demand for services resulting in bi-monthly visits to the Alberton Regional Clinic site and in scheduling the remaining regional clinic sites on an "as needed" basis. During the year, 189 clinic days were recorded; 435 new clients were seen with a total of 997 patient visits reported.

Waiting lists in each region reflect a growing demand for audiological services.

Major program accomplishments for the year include: development of a test battery to assess children who have an auditory learning disability, and acquisition of new equipment that provides more accurate diagnosis of middle ear disease in children, and equipment that facilitates both adults and children. These purchases were made possible through the generous financial support of the Purple Elks.

Services to the Mentally Handicapped

Residential Services

Sherwood Home

Sherwood Home is a residential care facility for children with mental handicaps, and continues to provide a developmental day program for seven residents from the community as well as provide respite relief to 14 families.

A major accomplishment during the past year was the introduction of the family workshops. The workshops were introduced in September for the purpose of working closer with families and encouraging more family involvement at Sherwood Home. Five workshops were conducted during the fall and winter.

During the fall of 1987, an audit of Sherwood Home was conducted by an internal committee of the Department. The report was released in December and has since been shared with both staff and families.

A large number of staff development and training opportunities were created during the past year. A number of courses were organized and offered on various topics.

Fortune Group Home

The Department assumed the responsibility for the Fortune Group Home in the fall of 1986. The Home provides a residential service for seven mentally handicapped adults. There is a manager and four employees working at the Home.

The residents attend the Harbourview Training Centre for a day program, and for recreation and socialization they attend the functions of the Fortune Community and the Town of Souris.

The major focuses of the Fortune Group Home have been in-service education for the staff, and the establishment of a resident-staff committee to provide residents with an opportunity to voice their concerns and to have input into the running of the Home. Several recommendations for improvement were acted upon during the year.

Queens County Residential Services

During the year representatives of the department have been working with a number of individuals interested in forming a community board to manage Queens County Residential Services. Effective 01 April 88 the six group homes in the Charlottetown area, formerly operated by the Department, have been transferred to the private sector and will be operated by a Board of Directors. The private agency will continue under the Queens County Residential Services.

Vocational Services

Vocational training services were provided to approximately 200 individuals through seven non-profit, community agencies at an annual cost of \$1.342 million. The Department provided consultation and support of staff training and organized and participated in the development of a strategic plan for the future of vocational services in the province. In addition, Project PROVE (a three year demonstration project funded by National Health and Welfare) was successfully operated with 18 clients residing in rural regions. All services are increasingly emphasizing individualized approaches, and integration in the community through meaningful work and regular wages.

Services to the Physically Disabled

Services to the physically disabled continued its slow but steady growth. The training budget under the Vocational Rehabilitation of Disabled Persons Program increased to 150,800 from 128,000 the previous year. The number of disabled persons in training increased from 15 to 29. A new high for the program.

The Department also continued its funding support to private sector agencies working for, with, and on behalf of persons with disabilities. Among those receiving support were The Council of the Disabled, The Canadian National Institute for the Blind, Pat and the Elephant, and The Canadian Paraplegic Association.

Services To The Long-Term Mentally Ill

Residential Services

Residential services were provided to approximately 104 former residents at Hillsborough Hospital through one non-profit, community group home and an extensive network of community placements. The Community Placement Program provided services to 12 individuals in group homes and residents in 54 foster homes, 16 boarding homes, 12 licensed Community Care Facilities, and 9 apartments. The Community Placement Program is operated by 1.5 staff.

Vocational/Social Services

Vocational/social training services was provided to approximately 100 individuals through two non-profit, community agencies operated through the Canadian Mental Health Association. Average combined daily attendance at the centres located in Charlottetown and Summerside was 50 and the total annual cost of these services was \$153,900. The programs primarily offer a socio-educational, supportive environment; however, increasing emphasis is being placed on employment training and placement.

Family Support Program

The Family Support Program was implemented in early 1986 to assist families of children with severe mental disabilities to meet the special needs of their children. In April 1987 the Program was expanded to include families of children with severe physical disabilities. Families with children under 18 years of age who have a chronic handicap, whose functioning is markedly impaired, and whose care places excessive demands on the family's resources and ability to cope are eligible for services under this program.

The Program has two components. The first component, Respite Care, provides substitute care for the disabled child which is intended to provide to the parents or other care provider, a period of time away from the responsibility of providing the total care for the child. The second component provides financial assistance to families. The Program assists families in meeting financial costs that may be considered above and beyond the normal costs of child rearing and which are a direct result of the existence of a disability.

Employment Programs for Welfare Assistance Recipients

Job Creation Program

The Department provided JCP services to approximately 400 placements. Jobs were secured within provincial government and non-profit community organizations. Major projects included the Aquaculture Project jointly implemented with the Department of Fisheries, the night watchmen for the wharfs, community centres, rinks, and other agencies. The total budget was \$1.5 million.

Employment Enhancement Program

This program was newly established in the last quarter of the year under the joint federal-provincial Employment Enhancement Accord (S.A.R.'s Agreement). New contract staff were hired and oriented to provide the necessary training and support services to empower clients of the Department to become more independent, secure employment and exit the system. The primary activities were assessment of the approximately 1,000 "unemployed employable" clients and the establishment of appropriate training programs, counselling, referral, job placements or employment services.

DIVISION OF AGING AND EXTENDED CARE

Gordon R. MacKay, Director

Maplewood Manor

Four nursing staff were hired in order to accommodate more nursing care residents. The respite care bed was used for one hundred fifty respite care days, an increase of forty-eight days over the previous year.

We received a Young Canada Works grant and a New Horizons grant which enabled the Manor to research and publish a history of Maplewood Manor from 1967-1987. The twentieth anniversary of the Manor was celebrated in November, 1987. As with any twenty year facility, renovations and repairs must occur on an on-going basis. Throughout the past year there has been a major emphasis on equipment replacement.

I am pleased to report that the staff of Maplewood Manor organized and participated in the fourth annual variety concert raising approximately \$1,700 for the resident equipment fund.

Summerset Manor

Summerset Manor also received increased funding in order to address the demand for heavier nursing care beds. To meet these pressures and better attend to the needs of the residents a major reorganization of the nursing department was implemented by the hiring of seven additional professional nursing staff. The facility now consists of three individual units of forty residents on each unit.

During the past year administration at Summerset Manor concentrated on the improvement of services in the Chapman Centre Senior Day Program.

Wedgewood Manor

The highlight of the past fiscal year has been the achievement of a two year award from the Canadian Council on Hospital Accreditation.

Wedgewood Manor, in cooperation with the Emergency Measures Organization and the town of Summerside, performed a major emergency exercise in 1987. This simulated exercise was planned in order to give the emergency personnel and the staff of Wedgewood Manor experience in disaster planning.

The Director of Resident Care completed an extension course in Gerontology sponsored by the University of Prince Edward Island. The Director of Activity and a nursing supervisor completed courses from Mount St. Vincent University and the Director of Housekeeping Services was enrolled in a Housekeeping course sponsored by the Ontario Hospital Association.

Prince Edward Home

During the past year the Prince Edward Home was awarded a two year accreditation from the Canadian Council of Hospital Accreditation. There was a 9 percent increase in active client participation in Brecken House Day Program. There was an average daily attendance rate of 13.5 clients. Another area of significant increase was the referral rate from Richmond Centre. The older clients from the Centre have been able to participate in the Day Program which offers them the socialization that they require in order to achieve some stability in their lives.

The Meals-on-Wheels Program continues to use the services of the home. Over the year, 5,998 meals were prepared by the Dietary department and delivered by volunteers to seniors residing in the community.

Beach Grove Home

Beach Grove Home benefitted from the increased funding to hire more nursing staff which allows the Division to admit a higher ratio of residents in need of heavy nursing care. The concern over the environment continues to be an issue at this facility. The Division will be removing the carpets from Meadow View Unit and replacing these carpets with hard-surface flooring.

The volunteer group continues to expand and a special dinner in their honor hosted 84 volunteers in October. Their assistance in the regular activity program is invaluable and their contributions make the special, large events possible. A very successful project of theirs has been the operation of the Corner Store.

The Beach Grove Auxiliary, a separate group of volunteers, continues to be a big asset to our home, raising funds for our residents and holding special social events for their pleasure. Purchases this year included lawn furniture as well as music systems for all three units.

Under the leadership of the new Director of Environmental Services, structured job routines have been implemented for cleaning staff and on-going staff training has been provided. Reorganization has taken place within the staff resources, creating positions for new part-time staff. During the year, the Nursing department participated with the Dental Division and Dalhousie University in a Dental pilot project. The project consisted of thoroughly assessing the dental needs of all of the residents, teaching the unit Directors how to do a comprehensive dental assessment, implementing a program of providing an on-going dental needs of the residents. As a pilot project, the program has been very successful and is being used as a model for implementation in other facilities.

A student from the Queen Elizabeth Hospital Dietetic Internship Program was assigned to the dietary department at Each Grove Home for a twelve week comprehensive training experience. This is an invaluable step in the direction of putting nutrition and aging firmly in the Dietetic Internship curricular options.

Riverview Manor

In November of 1987, Riverview Manor celebrated their twentieth anniversary of operation.

There were two residents and six staff members who have been with us during that twenty year period.

During the year, the unfinished basement under "C" wing was renovated and is now used as office space by Home Care and Support and Community Mental Health.

An in-service education seminar on Oral (mouth) and Dental Care was conducted at the Manor by staff from the Dental Division. As a result of this seminar, Riverview Manor now has a dental program where an oral assessment of each resident is done every three months.

Colville Manor

Colville Manor continued on the renovation and equipment replacement program during the past year. Colville Manor was very pleased with the new privacy curtains and drapes. The rooms are not only more esthetically pleasing, but also afford a great deal of privacy to our residents. In addition, the refurbishing of the activity area has led to an increase in usage as a living room by both residents and family members. Respite care admissions were up from previous years and provides the community with a much needed service.

During the past year, the occupancy rate averaged 89 percent at Colville Manor. This occupancy rate was considerably lower than previous years. I believe this to be a positive sign in that the supply of nursing care beds met the demand for nursing care beds for most of the year.

In August, 1987, a complete evacuation of the premises was carried out under the supervision of the Health and Safety Committee at the Manor.

The implementation of the drug unit dose system was completed. This is a system of dispensing medication which is individualized and specific for each resident.

Dr. Eric M. Found Health Centre

The Dr. Eric Found Health Centre is a sixty-three bed unit designated for patients requiring continuous medical management in skilled nursing care at a level slightly below that of acute care. These services also include specialties in physiotherapy, occupational therapy, pastoral care and hospice care for the dying patient.

During the year the Centre continued in its implementation of the 1984 recommendations for four distinct types of care: palliative, convalescent, short and long-term chronic.

The eight bed palliative care unit continues to be fully utilized with forty-two admissions, nine discharges and thirty-five deaths. The total number of patients treated was fifty, with an average stay of 76.8 days.

The proposed fifteen bed convalescent unit now has eleven beds established. There were seventy-three admissions to this new unit and sixty-seven discharges. The total number of patients treated was seventy-five, with an average stay of 25.5 days.

In the nursing department, major changes in the staffing pattern have been carried out in order to combine three nursing units into two, one an active type palliative and convalescent unit and one long-term chronic unit. The Centre also saw an improvement in the coordination of admissions to the palliative and convalescent care units of patients from the Queen Elizabeth Hospital. There was an average of 2.2 patients per week admitted to these units.

Hillsborough Hospital and Special Care Centre

This year was distinguished by an increasing recognition of the importance of Hillsborough Hospital in the mental health delivery system. Admissions have increased by 28 percent over the 1985 figures, occupancy rates are virtually always 100 percent, and level of care statistics document the nursing and medical assessments that more patients require higher levels of staff intervention than in previous years. The staff are striving to accommodate the changes and meet these very pressing needs.

In June, Dr. Pamela Forsythe became the new physician in chief, replacing the retiring Dr. W.H. Leon. At the same time, a position for a second staff psychiatrist was created but has not yet been filled. The professional advisory committee has become very active as a forum for program development and problem solving within the institution.

Limited implementation of the 1986 role study recommendations has occurred. A scarcity of fiscal and personnel resources has constrained the process. There has been progress in developing programs for the mentally retarded and the long-term mentally ill who require preparation for community living, and in

providing occupational therapy and recreation programs that meet the needs of a diverse population of residents. Increasing the liaison with community based programs is a priority, consistent with the philosophy goal of providing quality service in the least restrictive environment necessary for the individual.

Community Care Facilities and Private Nursing Homes

In January, 1988, the authority for the licensing of private nursing homes was transferred to the Community Care Facilities and Nursing Homes Board from the Hospital Services Commission.

The Community Care Facilities and Nursing Homes Board consists of six members. The appointments were approved by Executive Council in November, 1987. The appointments are as follows: Mr. Errol MacEwen and Mrs. Betty MacPhee, representing the operators from Private Nursing Homes and Community Care Facilities respectively; Mr. Ron Garrett and Mr. Gordon MacKay representing the Department of Health and Social Services; Sister Mary Irene MacKinnon representing the interest of the public at large; and the chairman, Rev. Leslie Jay.

Four new community care facilities were licensed during the past year to make a total of twenty-four licensed community care facilities. The number of community care facility beds is 428 which includes 221 new beds. During the past year, there were two new nursing home facilities which were licensed, bringing to ten the total of privately licensed nursing homes. The total number of beds in the private sector is 434.

Central Office

The Central Office staff consists of an occupational therapy consultant, dietetic consultant, nurse consultant, staff responsible for the management of the Community Care Facilities and Private Nursing Homes program and the placement officers. These staff continue to provide consultation and support to all facilities operated by the private sector.

As of year end, there was a total of 661 applications on file. Of this total number, 68 were identified as priority cases and 593 identified as having secondary consideration. The 68 priority cases is down considerably from previous years due to many factors such as the increase in community care facility beds, the conversion of manor beds to heavier nursing care and the supports that are being developed to permit people to stay longer in the community. There is a relative decrease in pressure for beds from elderly people who are in the acute setting.

The total applications received during the year totalled 368 which is an average of approximately 31 new applicants each month.

DIVISION OF ONCOLOGY SERVICES

D.E. Dryer, M.D., F.R.C.P., Director

The Division of Oncology Services provides consultations for patients with or suspected of having cancer; drug treatment of cancer; follow-up of patients; and compilation of information on cancer incidence in Prince Edward Island.

The Outpatient Oncology Clinic is located in the Special Services area of the Queen Elizabeth Hospital. One day a week a similar clinic is held in the Outpatient Department of the Prince County Hospital.

Intravenous chemotherapy is administered by either a specialized oncology nurse or the patient's treating physician. Virtually all drug treatment in the Queen Elizabeth Hospital is performed by an oncology nurse, except in children. Most treatments consist of multiple intravenous (I.V.) drugs. A large number of patients are treated with oral chemotherapy and/or anti-cancer hormones for which statistics are not available.

The majority of patients requiring adjuvant or palliative radiation treatment are referred to Dr. W.T. Hooper at the Queen Elizabeth Hospital.

Two family practitioners are employed part-time as clinical associates, providing inpatient and outpatient cancer care under supervision of the oncologist at the Queen Elizabeth Hospital.

The Oncology Division participates in clinical trials run by the National Cancer Institute of Canada, with informed, signed consent of those participating patients.

Many Island cancer patients are assisted financially with drug expenses and out-of-province travel costs by the P.E.I. Division of the Canadian Cancer Society.

The Division maintains the Provincial Tumour Registry which provides cancer incidence data to Statistics Canada. The sources of information are pathology reports provided to the Director by the Department of Laboratories of the Queen Elizabeth Hospital, and a monthly list of cancer deaths from Vital Statistics. This data is stored on computer.

Patients Statistics

Number of Consultations/Referrals		331
Number of Patients Receiving I.V. Chemotherapy		70
Queen Elizabeth Hospital	57	
Prince County Hospital	13	
Number of I.V. Chemotherapy Treatments		436
Number of New Patients Referred		185
Breast Cancer	45	
Hematologic Malignancy	35	
Gastrointestinal Cancer	22	
Lung Cancer	21	
Genitourinary Cancer	11	
Other Cancer	25	
Benign Conditions	26	

MANAGEMENT SERVICES DIVISION

Rick Callaghan, Director

The Division of Management Services is a support Division -- it provides support to all other divisions in the Department in the areas of personnel, finance, administration, audits, word processing and management information systems.

Personnel - This unit was involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

Management Information System - Data entry, report distribution and related clerical work is provided for the following systems: Social Services Management Information System, Drug Prescription System, Mental Health System and Nutrition Pregnancy Study. Mental Health requested and began to receive monthly worker reports. Data analysis is also provided upon request for the Nutrition Pregnancy Study.

The Emergency Prescription Drug Card system was made fully operational with all remaining problems corrected and the system's manual was completed.

The Department's cheque production was included in the government's electronic cheque management system. The Department can now receive information on cheques cashed the previous banking day.

Data for a Mental Health Survey in eating attitudes was entered into a personal computer and reports were generated for analysis.

Assistance was provided to staff of the Mental Retardation Program to develop forms and procedures for this new service.

Code revisions and definitions were prepared for implementation for the following fiscal year to provide better information to staff and management.

Audit Section - The primary role of this section continues to be the comprehensive auditing of financial assistance case management practices with the aim of providing feedback on program administration to senior departmental management. Highlighted this year was the commencement of comprehensive systems studies on various aspects of the Financial Assistance Program. Input from an administrative perspective continued to be provided to the programs of Community Rehabilitation Services. At the request of the Director of Aging and Extended Care a review of private nursing homes' practices in regard to the dispensation of comfort allowances was also conducted.

Canada Assistance Plan - The CAP Coordinating Committee held several meetings throughout the year. The purpose of this Committee is to coordinate all activities relating to CAP.

On February 24 a meeting was held with Gerry Camrass, Acting Director General and Liselle Lavigne of CAP Headquarters in Ottawa, along with a number of Departmental staff concerned with CAP.

A number of outstanding issues were discussed including - Pharmacy Dispensary Fees; Addiction Needs Test; Day Care Subsidy; Speech, Audiology, and Nutrition Services; Sherwood Home and the Home Care and Support Division.

A settlement meeting date was projected for June of '88 with a visiting study team.

Health Manpower Planning - The Director represented the Province at the Federal/Provincial Advisory Committee on Health Manpower meetings in Vancouver in May and in Ottawa in November. Many health issues were discussed including physician, rehabilitation, nursing, pharmacist and dentist manpower. The Director also attended three meetings of the MPHEC Advisory Committee on Health Sciences Education which dealt with health/human resources issues in a Maritime Provinces context.

DIVISION OF VITAL STATISTICS

Gloria Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registrations is decentralized to 19 main population centres. Deputy district registrars forward registration to the Director of Vital Statistics for permanent filing.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under separate cover.

Registrations, Certificates and Other Documents Processed by the Division of Vital Statistics*

	<u>1986</u>	<u>1987</u>
Registrations accepted under the Vital Statistics Act		
Birth registrations	1,899	1,935
Marriage registrations	971	924
Death registrations	1,083	952
Stillbirth registrations	9	11
Adoption Orders	91	86
Divorce Decrees	208	277
Delayed registrations	55	47
Total Registrations Accepted	4,316	4,232
Legitimations of birth	94	60
Corrections/Amendments made	397	382
Changes of name recorded under Change of Name Act	66	68
Certificates Issued under the Vital Statistics Act		
Birth (short form or wallet size)	5,205	7,861
Birth (long form)	267	314
Marriage	527	525
Death	515	421
Total Certificates	6,514	9,121
Marriage Licenses issued under the Marriage Act	970	933

*These figures are based on the calendar year

VITAL STATISTICS
PRINCE EDWARD ISLAND
1982-1986

	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
Population	122.8	124.0	125.7	127.3	126.6
Live births by residence*	1,924	1,907	1,954	2,008	1,928
Rate per 1000 population	15.7	15.4	15.5	15.8	15.2
Live births by occurrence	1,917	1,883	1,940	1,984	1,899
Rate per 1000 population	15.5	15.2	15.4	15.6	15.0
Deaths by residence	980	1,050	1,109	1,110	1,121
Rate per 1000 population	8.0	8.5	8.8	8.7	8.9
Deaths by occurrence	947	1,016	1,077	1,084	1,083
Rate per 1000 population	7.7	8.2	8.6	8.5	8.6
Natural population increase	944	857	845	898	807
Rate per 1000 population	7.7	6.9	6.7	7.1	6.4
Stillbirths:					
20 to 27 weeks gestation	2	5	1	4	1
Rate per 1000 live births	1.1	2.7	0.5	2.0	0.5
28+ weeks gestation	13	18	10	15	8
Rate per 1000 live births	6.9	9.6	5.2	7.6	4.2
Maternal deaths	0	0	0	0	0
Rate per 1000 live births	-	-	-	-	-
Marriages	855	938	1,057	956	971
Rate per 1000 population	7.0	7.6	8.4	7.5	7.7
Divorces	206	216	196	214	208
Rate per 100,000 population	167.8	174.2	155.9	168.1	164.3

* "By residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

DIVISION OF HOME CARE AND SUPPORT

Verna Bruce, Director

The purpose of Home Care and Support is to ensure that certain health, and social and community support services are made available to individuals and their families. The services may help people to remain in their own homes or to return to their homes if they have been receiving care in a hospital or other setting.

The services of Home Care and Support are intended to help people help themselves. They are not a replacement of what the family or community normally does for itself. They are intended to help people help themselves. not a replacement of what the family or community normally does for itself. They are intended to help in a crisis, to relieve family caregivers, or to offer additional support.

Objectives

- 1) To coordinate and provide services and support to assist persons in meeting their health and social needs in their homes when this is the most appropriate place for care.
- 2) To ensure the development of services which can provide an alternative to unnecessary, premature or prolonged placement of persons in institutional care.
- 3) To relieve excess strain on family members or other persons providing care and in so doing, prevent the breakdown of a desirable living arrangement.
- 4) To involve community organizations and volunteers in the provision of specific home support services.
- 5) To provide educational programs for the general public on the needs of clients and the services available.

Services

Home Care and Support operates, purchases, or supports the development of a range of services to be provided to persons in their own homes and communities. The services can be categorized into five major types:

- 1) Home Care Nursing - Home Care Nurses provide basic nursing care at home on a visiting basis and as prescribed by a physician. The kinds of care include: injections, dressing changes, ostomy care, foot care, catheter insertions and care, blood pressure monitoring, assessments, health supervision, and health education. Intravenous therapy, specialized respite and palliative care are now aspects of the services as well.

Nurses from the Division visit the seven hospitals on a regular basis to identify and plan for patients who may require Home Care Nursing or other services upon discharge.

The Home Care Nursing caseload increased by 10 percent from March 1987 to March 1988, with dramatic increases in both Montague and Souris - 28 percent and 47 percent respectively. In addition to the increase in caseload numbers, there has also been a trend towards more frequent visits, with several clients being treated two or three times per day.

Weekend and evening coverage is available in all areas of the province when required. In several instances, nursing services were provided through the night for terminally ill people who chose to die at home.

The range of treatments being provided by Home Care Nursing continues to increase gradually. By the end of the year, nurses were being trained to follow selected vascular surgery and urology patients at home after hospital discharge.

- 2) **Visiting Homemaker** - The Visiting Homemakers provide services for those who cannot perform basic activities themselves. The types of services can be categorized as personal care (involving a wide range of activities) tidying and cleaning, laundry and mending, meal preparation, accompaniment, and supervision.

Referrals for the Visiting Homemaker service may come from any source. An assessment is done to determine the amount of service required and a means test is used to determine the rate a client must pay, according to a sliding fee scale.

The Visiting Homemaker caseload continued to grow, with a 10 percent increase from March 1987 to March 1988. Regions with the largest growths were: Souris - 16 percent, West Prince - 15 percent and Summerside - 11 percent. During the year, there were general trends towards increases in persons requiring daily services; persons requiring help twice daily, both morning and evening; persons needing personal care as a result of medical conditions or extensive physical disabilities; number of clients who will require services for extended periods of time; and clients who need a wider variety of services from the Visiting Homemaker due to more complex and multiple needs.

During the year, comprehensive guidelines were developed for the provision of footcare by Visiting Homemakers and all Visiting Homemaker staff were trained to provide proper, routine footcare. Additional training was made available in feeding techniques, AIDS and infection control and proper lifting techniques.

A night course was designed and offered for Visiting Homemaker staff, and offered in three locations across the province. This provided an opportunity for Visiting Homemakers to explore training in areas such as the aging process, working with Alzheimers, mental disorders, multiple sclerosis, communication, problem solving, recognizing signs of neglect and time management.

The "Family and In-Home Support Worker Course" offered by Holland College and funded by Canada Employment and Immigration Centre, provided an increased number of trained persons to use for relief, contract work and private work in the community.

- 3) Community Support Services - Each region has a Community Support Worker who assesses the needs of clients in the community and assists them in accessing and setting up service and supports which will enable them to remain in the community as long as possible. The worker will continue as necessary to monitor the progress and maintain follow-up of individuals and will ensure that arrangements meet changing needs.

Where required resources are not available or sufficient, the Community Support Worker will work with community agencies, private sources, and government personnel to establish and develop programs and services to meet those identified needs. Examples of the types of community services include: chores, handyman services, daily telephone contact, day programs, family relief, friendly visiting, home deliveries, in-home help, meals on wheels, living accommodations, and transportation.

The Community Support Worker also has a major role in creating opportunities to inform and educate the public on subjects relating to services, needs, and the philosophy of service delivery.

Community Support Workers had a very productive year. The caseloads increased by 22 percent from the beginning of the year to the end - probably a reflection of the increased awareness that these staff positions exist.

The concept of a Community Support Worker is still relatively new, and with the second full year of operation in Home Care and Support, is gradually becoming more defined in relation to the rest of the service system.

In their role as facilitators, the Community Support Workers were involved in the development of a wide variety of community and volunteer programs. Some examples include: Caregiver Support

Groups, Postal Alert projects, Senior Resource Group, Seniors Health Club, Alzheimers' Society Workshop, Lions Clubs, Hospital Auxiliaries, Hospice groups, seniors transportation projects, several Lifeline projects, and four Community Response Programs developed by the Red Cross.

The Community Support Workers make a major contribution to both educating the public in the area of home care, and providing the link between community/volunteer services and governmental services to meet the needs of individuals.

- 4) **Occupational Therapy** - Occupational therapists provide a wide variety of services to clients in a community setting. The Occupational Therapists use activity to meet the clients' goals in selfcare, productivity, and leisure. After an assessment, treatments may be related to splinting, assistive devices, special equipment, architectural adaptations, disabled homemaker functions, arthritis education, hand function, selfcare, and activities of daily living.

The Home Care Occupational Therapists have completed their first full year of operation in Home Care and Support, and saw caseloads increase by approximately 8 percent. In addition to specific Occupational Therapy services, the Occupational Therapists assisted in assessing some of the more complicated multidisciplinary cases, and in training other divisional staff on lifting and transferring techniques.

After being part of the multi-disciplinary team for six months, the integration of the Occupational Therapy service was reviewed. The review recommended: clarification of mandate and target group; development of procedures for handling referrals and managing cases; refinements to the information system and establishment of a centralized program monitoring function.

There were opportunities in Summerside and Charlottetown for Occupational Therapy students from Dalhousie to complete intern placements.

In the Charlottetown area, there was increased coordination with the Occupational Therapist for the Convalescent Unit at the Dr. Eric Fould Health Centre, in order to facilitate the transition of patients back into the community.

- 5) Physiotherapy - This service is purchased from the hospitals when it is needed by clients in a community setting. When used as part of the Home Care and Support program, the physiotherapy usually involves an initial visit to teach techniques to the client, family or caregiver, and a follow-up visit to monitor progress.

The use of this service has been minimal. Although the Division has adequate funds to purchase more physiotherapy services from the hospital system, staff shortages have meant that this resource simply does not exist.

General Developments

The Division continued to receive referrals of cases where there was suspected neglect/abuse of persons who were physically and/or mentally frail. As staff worked with these cases, excellent cooperation was received from police, physicians, the Medical Society, hospital staff, clergy, mental health staff and the Department of Justice.

As one method of managing the increased demands for service, a system of determining caseload priorities developed. Priorities for service are now determined by using a matrix composed of level of disability and ability of the service system to meet the needs.

In order to provide consistency among regions in delivering services to clients, a case management system was designed by the end of the year, and scheduled to be implemented in 1988-89.

In advance of the expiration of a two year contract with the Canadian Red Cross Society, an evaluation of the project was completed. Under the agreement, Red Cross had developed four Community Response Programs to meet certain needs of elderly persons through volunteers. The evaluation found that the Community Response Program "shows promise and has been well received by the community." Numerous recommendations were made to enhance the effectiveness and visibility of these and future response programs.

Statistics

The computerized information system became operational on July 1, 1986. Data for the first few months may not be totally accurate, but it does provide a general overview for comparison purposes. It should be noted that many clients receive more than one service, with the result that serviceload statistics are higher than "client caseload" data.

ACTIVE CASES ON MARCH 31, 1987 AND MARCH 31, 1988

	<u>Nursing</u>	<u>Visiting Homemaker</u>	<u>Community Support Worker</u>	<u>Occupational Therapy</u>	<u>Physiotherapy</u>
<u>West Prince</u>					
March 1987	77	91	15	58	0
March 1988	82	105	20	67	0
<u>Summerside</u>					
March 1987	93	190	48	70	3
March 1988	82	210	76	117	0
<u>Charlottetown</u>					
March 1987	138	168	43	59	3
March 1988	150	182	76	47	4
<u>Montague</u>					
March 1987	58	59	24	57	1
March 1988	74	60	12	34	0
<u>Souris</u>					
March 1987	43	43	85	31	0
March 1988	63	50	78	31	0
<u>PROVINCE</u>					
March 1987	409	551	215	275	7
March 1988	451	607	262	296	4

EMERGENCY WELFARE SERVICES

Carl Cooper, Director

The objective is the organization of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day weekend.

Fortunately, the Province was free of any major form of emergency during the past year.

The Provincial Emergency Welfare Services has worked closely with the Director of Emergency Measures Organization on several disaster simulations which were held in various parts of the Province.

During the period 01 April 87 to 31 March 88, eight candidates from Prince Edward Island attended the emergency training courses at the Federal Study Center at Arnprior, Ontario. Four of these candidates are employed by The Department of Health and Social Services and four are employed by The Canadian Red Cross Society.

WELFARE ASSISTANCE APPEALS BOARD

George Cheverie, Chairman

During the period 01 April 1987 to 31 March 1988 the Board conducted 17 sittings in which 17 appeals and one review were received. This was a decrease of three from the previous twelve month period. Of these 17 appeals, six were allowed and ten were dismissed, while one was withdrawn. The ratio of appeals allowed to appeals dismissed increased slightly.

The following table shows a breakdown of the number of appeals over the last five years.

	<u>83-84</u>	<u>84-85</u>	<u>85-86</u>	<u>86-87</u>	<u>87-88</u>
REGION I	1 allowed	1 allowed	1 allowed	1 allowed	0 allowed
	1 denied	0 denied	0 denied	0 denied	0 denied
REGION II	6 allowed	0 allowed	0 allowed	2 allowed	4 allowed
	14 denied	1 denied	0 denied	1 denied	5 denied
REGION III	6 allowed	5 allowed	8 allowed	1 allowed	2 allowed
	21 denied	14 denied	11 denied	7 denied	5 denied
REGION IV	4 allowed	2 allowed	2 allowed	2 allowed	0 allowed
	3 denied	4 denied	4 denied	1 denied	0 denied
REGION V	2 allowed	0 allowed	0 allowed	2 allowed	0 allowed
	0 denied	2 denied	3 denied	2 denied	0 denied

CHILD AND FAMILY SERVICES DIVISION

Steve McQuaid, Director

The Division of Child and Family Services is responsible for the delivery of a broad range of services to individuals and families in need. The services are delivered on a decentralized basis through regional offices located in the five regional service centers across the province.

The services delivered through the Child and Family Services Division are directed toward:

1. Responding to acute conditions of individual or family need;
2. Providing supports to families when there is a crises or event that destabilizes the family capacity to cope or function.
3. Protecting the rights and well-being of children where the family's efforts have not been effective, as well as assisting disabled adults, and the socially disadvantaged, who are unable to act effectively in their own interest;
4. Providing basic and support services and assistance to dependent persons who generally do not have the skills and resources to function independently.

The range of services include the following:

1. Child Welfare Services
 - a) Protection Services;
 - b) Adoption Services;
 - c) Substitute Care Placements - including relative placements, foster care, special foster care, group home, special residential treatment;
 - d) Family Supports Services to families who have children with special needs (mentally retarded children and children who are in need of child care services).
2. Teaching Homemaker Services
3. Nutrition Services
4. Speech Therapy and Hearing Services
5. Day Care Service Subsidy
6. Welfare Assistance
7. Retardation Services
8. Rehabilitation Services
9. General Counselling

This legislation which provides authority for the delivery of the above noted services includes:

1. Adoption Act
2. Child Care Facilities Act
3. Family and Child Services Act
4. Divorce Act
5. Family Court Act
6. Rehabilitation of Disabled Persons Act
7. Welfare Assistance Act

Major Programs

The Welfare Assistance Program continues to be the largest program administered by the Division both in terms of budget and in terms of the number of persons and families who are impacted.

	<u>86/87</u>	<u>87/88</u>	<u>%/Inc./Dec.</u>
Average monthly caseload	4351	4297	-1.2
Average monthly cost/case	435	458	+5.3
Total Actual expenditure	23,188,600	24,525,200	+5.8

The caseload decline is attributed primarily to the impact of job creation placements, and the employment enhancement programs. The overall cost increase is primarily the inflation factor.

Emerging Trends

In its Throne Speech in 1987, the Government announced its intention to review the program in terms of adequacy of benefits and the structure/method regarding delivery. A review committee was established by Government - six lay persons were appointed to sit on the committee under the chairmanship of Ian MacDonald - from the U.P.E.I. Extension Department. The committee undertook a series of public consultations across the Province to invite/hear public concern and input. The committee is expected to table its report in 1988. Its findings and recommendations will be considered by government with a view to making modifications where appropriate and feasible.

There is growing evidence that many persons who apply and are assisted by the welfare program often find themselves "trapped" in the system; while assistance is needed to help one through a life crises, the system does not adequately provide for development and growth in the long term.

The development of the employment enhancement program is the Department's most recent effort to address this issue. Persons on welfare assistance are helped to move from a state of dependency on the system, to a closer affiliation with the potential opportunities in the employment market. The early

indication is that this program is well received by clients, and the results to date appear quite positive. This initiative will be further developed over the next year.

With respect to client need, the following seems to be emerging:

- An increase in the number of applicants directly resulting from excessive delays in the finalization of unemployment claims.
- An increasing number of sixteen - seventeen year olds who are applying because they have no family resources.
- An increasing number of special need requests for items which are not adequately provided for within the basic allowance schedule; the most frequent is for clothing items - winter clothing in particular.
- An increasing number of special situation/circumstance applications, usually for assistance to provide for transportation and accommodation expenses to allow an individual to receive out of province medical services for a unique/urgent medical condition.

Children's Services

In 1987/88 there was 339 children placed in the care of the Director of Child Welfare. This was compared to 314 in 1986/87. Of this number, 89 were admitted to care and subsequently discharged from care during the fiscal year.

1. **Children in Care** - There were 237 children in the care of the Director of Child Welfare as of March 31, 1988, compared to 218 in the previous year:

Apprehended	40
Temporary Ward	25
Permanent Ward	96
Voluntary Care Agreement	57
Ward to Another Province	01
Adoption Placement	11
Follow-up to CC	02

2. **Adoptions** - The Provincial Registry recorded a total of 69 adoptions finalized during the year compared to 74 in the previous year. Of these, 15 were wards of the Director of Child Welfare; 6 were wards of private agencies and 48 were private adoptions. Of the 48 private adoptions, 10 were children born outside the Province and 4 adoptions were finalized in other jurisdictions.

3. **Foster Care** - During the year there were 169 approved foster homes, 22 special foster care resources providing 13 emergency foster placements, 30 spaces for children with special needs and 7 spaces for young mothers and their babies, and 5 group homes for the care of adolescents (total bed capacity 30).

During the past year the Division continued to face difficulties in meeting its mandate with respect to quality services to children in need, and children placed in the care of the Director of Child Welfare.

Some of the current and emerging issues which will require concerted attention in the future include:

- The recruitment and maintaining of special foster placements to meet the needs of children with serious behaviour problems.
- Foster care rates, and compensations for additional care and supports will become an issue in the near future. Foster parents will need more financial support to continue to be available and open their homes and lives to needy/troubled children.
- The lack of appropriate care placements and supports for adolescents is an acute problem.
- There is an increasing number of adolescents who are unwilling to contract for help, either with their own families, or with service agencies.
- There continues to be a need for a comprehensive coordinated family support strategy to assist families.

Even though the needs in this area continue to be many, the division is pleased with some new developments which will assist in meeting some of the immediate challenges:

- A one-on-one child support initiative is beginning to be implemented. This program is designed to assist families who are caring for a child who has seriously disturbed behaviours.
- Planning is underway to establish a two year demonstration initiative to establish therapeutic foster homes for special needs children.
- Adolescents in care are being exposed to independence training programs. These efforts are directed at developing life skills.
- A provincial youth-in-care network is emerging. This initiative has a national momentum. This organization will prove to be an effective support network for youth in care.

Services To The Disabled

Many of the needs of the disabled clientele are provided for through a number of the generic services administered by the division.

The needs of the disabled are becoming more evident and are being articulated by an ever increasing number of advocacy, and special interest groups.

The nature of the need/demand is inclined toward services and supports that would enable/support the disabled person to become more independent in functioning, and more integrated into the community.

The energy/activity in terms of service demands/response regarding the needs of the disabled is often without direction, and uncoordinated.

Appendix

Department of Health and Social Services

SUMMARY OF REVENUE AND EXPENDITURES

For the Period April 1, 1987 to March 31, 1988

	Revenue	Expenditures
Departmental Management	\$21,780,600	\$ 1,404,800
Pharmacy	31,500	3,357,600
Oncology		113,300
Dental Public Health	69,600	1,672,800
Community Mental Health		1,065,000
Nursing	12,100	1,356,200
Community Hygiene		276,600
Home Care and Support	14,000	2,074,500
Community Rehabilitation Services	120,700	5,048,200
Job Creation and Placement		1,696,100
Child and Family Services	52,900	34,547,100
Aging and Extended Care	6,340,000	25,315,300
	\$28,421,400	\$77,927,500